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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |                        | Docket Number (Optional)<br><br>4005-0276PUS1                                 |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
|---|------------------------|---|--|-----|------------------|---|-------|------|---|-------|-------|---|--------|-------|--|--------|-------|--|--------|--------|
| Application Number  | 10/573,259-Conf. #3015 | Filed<br><br>March 23, 2006   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| For A POSITIONING DEVICE FOR POSITIONING A USER BY USING BOTH EYES AS POSITION MARKERS  |                        |   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| Art Unit  | 2886                   | Examiner<br><br>I. O. Akanbi  |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                        |   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                        |   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$460</td> <td>\$230</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1050</td> <td>\$525</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1640</td> <td>\$820</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2230</td> <td>\$1115</td> </tr> </tbody> </table> |                        |   |  | Fee | Small Entity Fee | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 |
|   | Fee                    | Small Entity Fee  |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120                  | \$60  |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$460                  | \$230   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1050                 | \$525   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1640                 | \$820   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2230                 | \$1115  |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet.   |                        |   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |                        |   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,334</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number (acting under 37 CFR 1.34) _____   |                        |   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <br>Signature<br><u>Joe McKinney Muncy</u><br>Typed or printed name  |                        | <u>February 15, 2008</u><br>Date<br><u>(703) 205-8026</u><br>Telephone Number |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                        |   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |                        |   |  |     |                  |   |       |      |   |       |       |   |        |       |  |        |       |  |        |        |